

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053723

1. Entity Name
STATEWIDE MORTGAGE GROUP, INCORPORATED

Principal Place of Business
2272 AIRPORT ROAD SOUTH
#102
NAPLES FL 34112

Mailing Address
2272 AIRPORT ROAD SOUTH
#102
NAPLES FL 34112

2. Principal Place of Business
1106 1/2 N. COLLIER BLVD
Suite, Apt. #, etc.
STE 104

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MARCO ISLAND FL
Zip
34145

Country
COLLIER

City & State

Zip

Country

4. FEI Number 59-3517831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAURIES, DENNIS M
1273 MARTINIQUE CT
MARCO ISLAND FL 34115

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named agent certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Dennis M Bauries President* DATE 1/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BAURIES, DENNIS	
STREET ADDRESS	1273 MARTINIQUE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *Dennis M Bauries President* DATE 1/7/02
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90027 021 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)